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CONFIRMATION NO. 9818

SERIAL NUMBER 10/826,199	FILING OR 371(c) DATE 04/15/2004 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 50129/00202
APPLICANTS Itzhak Kronzon, New York, NY; <i>CF</i>				
** CONTINUING DATA ***** This appln claims benefit of 60/463,834 04/16/2003 <i>CF</i>				
** FOREIGN APPLICATIONS ***** <i>CF</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY** <i>CF</i> ** 07/27/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 23
				INDEPENDENT CLAIMS 3
ADDRESS 30636				
TITLE Combined transesophageal echocardiography and transesophageal cardioversion probe				
FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	